

The State of Delaware

2022 SEBC goals and priorities

January 24, 2022

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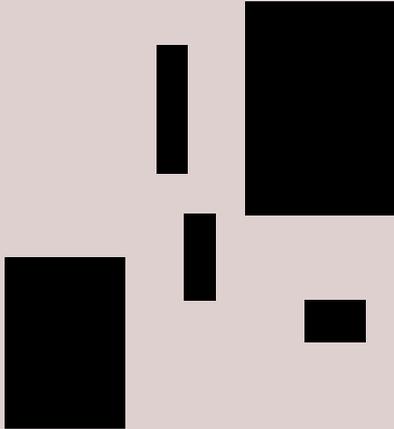
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GHIP long term health care cost projections



FY23 rate action - considerations

- The long-term projections presented to the SEBC in December 2021 reflected an \$86.3m projected deficit in FY23
 - Included \$15.8m in projected additional COVID-19 funding relief
- Projections included savings from the following initiatives expected to be voted on by the SEBC by the February 28th meeting and implemented in FY23:
 - PRC award recommendations from medical TPA RFP (voted on at December 2021 SEBC meeting)
 - Reinstatement of member cost sharing for telehealth visits with community providers (vote pending)
 - Implementation of CVS Drug Savings Review program (vote pending)
 - Implementation of CVS Transform Diabetes Care program (vote pending)
- Any savings initiatives above not implemented for FY23 will increase the projected deficit
 - See Appendix (slides 16-17) for savings impact
- Final projections to be presented to SEBC in February, reflecting:
 - Updated claims experience through January 2022
 - Projected savings attributable to expected final decision on Medicare plan to be offered effective 1/1/23 (final Medicare plan decision to be voted on by SEBC in March)

SEBC to vote on FY23 rate action at February 28th, 2022 SEBC meeting

FY23 rate action – considerations (continued)

- Potential rate action to be voted on at February 28th, 2022 SEBC meeting should also consider the following factors not reflected in GHIP long-term projections:
 - Governor’s Recommended Budget – to be released January 27th, 2022 – and any implications on potential rate action
 - Potential additional COVID-19 funding relief through CARES Act or ARPA funds (cost decrease TBD)
 - Cost associated with coverage of over-the-counter COVID-19 testing (cost increase TBD)
 - Outstanding medical TPA RFP decisions (cost impact TBD), including:
 - Care management models for Aetna/Highmark non-Medicare plans
 - Retain or waive PCP referral requirement for HMO plan
 - Adoption of any add-on/buy-up programs
 - Implementation of Everside Health primary clinics for Aetna plans
 - Senate Substitute 1 for Senate Bill 120 – primary care investments and affordability standards (cost increase TBD)
 - Senate Bill 25 – chiropractor reimbursement (cost increase TBD)
 - Enhanced coverage for anti-obesity medications (cost increase TBD)

SEBC must weigh short- and long-term implications of FY23 rate action on projected deficits in FY23 and beyond

GHIP long term health care cost projections (updated through Oct '21)

With additional COVID-19 expense reimbursement projected in FY23

- Current long-term projections reflect \$23.3m COVID-19 expense reimbursement payment received June 2021
- Based on IBM Watson Health reporting of COVID-19 expenses through October 2021, an additional \$15.8m in potential COVID-19 expense reimbursements expected to hit the Fund in FY22 or FY23
- The long-term projections on the following pages reflect an additional \$15.8m in COVID-19 relief, projected to be received in FY23
 - Reduces projected FY23 deficit to \$86.3m
 - If no other program changes, a 10.2% premium increase will be needed on July 1, 2022 to solve for the projected FY23 deficit of \$86.3m
 - A 10.2% premium increase yields approximately \$63m in State share revenue and \$8m in employee/pensioner revenue for the active/pre-65 retiree population
 - Targeting \$0 deficit by the end of FY25 requires an annual premium increase of 7.2% in FY23, FY24 and FY25 (in this scenario, Fund would end FY23 and FY24 in deficit position after reserves)
 - A 7.2% premium increase yields approximately \$44m in State share revenue and \$5m in employee/pensioner revenue for the active/pre-65 retiree population

GHIP long term health care cost projections (updated through Oct '21)

No premium increases FY22-FY26 (**includes** \$20m supplemental bill funding in FY22 **and** additional \$15.8m in COVID-19 expense reimbursement in FY23¹)

GHIP Costs (\$ millions)	FY20 Actual	FY21 Actual	FY22 Projected ¹	FY23 Projected ¹	FY24 Projected ¹	FY25 Projected ¹	FY26 Projected ¹
Average Enrolled Members	128,531	129,768	130,179	131,481	132,796	134,124	135,465
GHIP Revenue							
Premium Contributions (Increasing with Enrollment) ²	\$830.8	\$839.4	\$840.1	\$848.5	\$857.1	\$865.6	\$874.3
<i>Hold premium rates flat FY21 and beyond</i>	-	-	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Other Revenues ³	\$122.8	\$128.9	\$191.0	\$188.4	\$216.0	\$234.3	\$253.3
Total Operating Revenues	\$953.7	\$968.3	\$1,031.1	\$1,036.9	\$1,073.1	\$1,099.9	\$1,127.6
GHIP Expenses (Claims/Fees)							
Operating Expenses ⁴	\$927.7	\$1,005.7	\$1,080.5	\$1,136.3	\$1,229.1	\$1,241.4	\$1,253.9
% Change Per Member	0.9%	7.4%	7.1%	4.1%	7.1%	0.0%	0.0%
Adjusted Net Income (Revenue less Expense)	\$26.0	(\$37.4)	(\$49.4)	(\$99.4)	(\$156.0)	(\$141.5)	(\$126.3)
Balance Forward	\$163.8	\$189.8	\$152.3	\$102.9	\$3.5	(\$152.6)	(\$294.1)
Ending Balance	\$189.8	\$152.3	\$102.9	\$3.5	(\$152.6)	(\$294.1)	(\$420.4)
- Less Claims Liability ⁵	\$57.5	\$57.5	\$61.0	\$64.2	\$69.4	\$70.1	\$70.8
- Less Minimum Reserve ⁵	\$24.3	\$24.3	\$24.3	\$25.6	\$27.7	\$28.0	\$28.3
- Less COVID-19 Reserve ⁶	-	-	-	-	-	-	-
GHIP Surplus (After Reserves/Deposits)	\$108.0	\$70.5	\$17.6	(\$86.3)	(\$249.7)	(\$392.2)	(\$519.5)

It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.

Please refer to Appendix for FY17, FY18, and FY19 actual results (slide 14) and detailed projection footnotes (slide 15)

¹Based on IBM Watson Health reporting of actual COVID-19 expenses through October 2021; \$15.8m payment reflected as offset to FY23 operating expenses

FY23 monthly rates and employee/retiree contributions

Illustrative: 10.2% increase effective 7/1/2022

FY22 reflects employee contribution increases of \$2.84 - \$27.83 per employee per month (\$34.08 - \$333.96 per year) and State subsidy increases of \$68.09 - \$183.70 per employee per month (\$817.08 - \$2,204.40 per year) effective 7/1/2022

	Current Rates			FY 2023 with 10.2% Increase (effective 7/1/2022)			\$ Change Employee/ Pensioner Contribution		\$ Change State Subsidy	
	Rate	Employee Contribution	State Subsidy	Rate	Employee Contribution	State Subsidy	Monthly	Annual	Monthly	Annual
First State Basic										
Employee	\$695.36	\$27.84	\$667.52	\$766.29	\$30.68	\$735.61	\$2.84	\$34.08	\$68.09	\$817.08
Employee + Spouse	\$1,438.68	\$57.52	\$1,381.16	\$1,585.43	\$63.39	\$1,522.04	\$5.87	\$70.44	\$140.88	\$1,690.56
Employee + Child	\$1,057.02	\$42.26	\$1,014.76	\$1,164.84	\$46.57	\$1,118.27	\$4.31	\$51.72	\$103.51	\$1,242.12
Family	\$1,798.42	\$71.92	\$1,726.50	\$1,981.86	\$79.26	\$1,902.60	\$7.34	\$88.08	\$176.10	\$2,113.20
CDH Gold										
Employee	\$719.68	\$35.98	\$683.70	\$793.09	\$39.65	\$753.44	\$3.67	\$44.04	\$69.74	\$836.88
Employee + Spouse	\$1,492.22	\$74.58	\$1,417.64	\$1,644.43	\$82.19	\$1,562.24	\$7.61	\$91.32	\$144.60	\$1,735.20
Employee + Child	\$1,099.56	\$54.96	\$1,044.60	\$1,211.72	\$60.57	\$1,151.15	\$5.61	\$67.32	\$106.55	\$1,278.60
Family	\$1,895.74	\$94.78	\$1,800.96	\$2,089.11	\$104.45	\$1,984.66	\$9.67	\$116.04	\$183.70	\$2,204.40
Aetna HMO										
Employee	\$725.94	\$47.16	\$678.78	\$799.99	\$51.97	\$748.02	\$4.81	\$57.72	\$69.24	\$830.88
Employee + Spouse	\$1,530.58	\$99.50	\$1,431.08	\$1,686.70	\$109.65	\$1,577.05	\$10.15	\$121.80	\$145.97	\$1,751.64
Employee + Child	\$1,110.52	\$72.18	\$1,038.34	\$1,223.79	\$79.54	\$1,144.25	\$7.36	\$88.32	\$105.91	\$1,270.92
Family	\$1,909.82	\$124.12	\$1,785.70	\$2,104.62	\$136.78	\$1,967.84	\$12.66	\$151.92	\$182.14	\$2,185.68
Comprehensive PPO										
Employee	\$793.86	\$105.18	\$688.68	\$874.83	\$115.91	\$758.92	\$10.73	\$128.76	\$70.24	\$842.88
Employee + Spouse	\$1,647.34	\$218.26	\$1,429.08	\$1,815.37	\$240.52	\$1,574.85	\$22.26	\$267.12	\$145.77	\$1,749.24
Employee + Child	\$1,223.46	\$162.08	\$1,061.38	\$1,348.25	\$178.61	\$1,169.64	\$16.53	\$198.36	\$108.26	\$1,299.12
Family	\$2,059.40	\$272.86	\$1,786.54	\$2,269.46	\$300.69	\$1,968.77	\$27.83	\$333.96	\$182.23	\$2,186.76

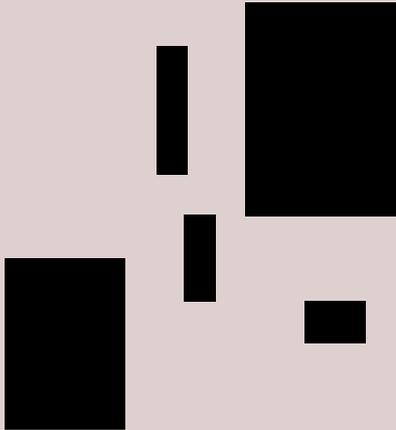
FY23 monthly rates and employee/retiree contributions

Illustrative: 7.2% increase effective 7/1/2022

FY22 reflects employee contribution increases of \$2.00 - \$19.65 per employee per month (\$24.00 - \$235.80 per year) and State subsidy increases of \$48.07 - \$129.67 per employee per month (\$576.84 - \$1,556.04 per year) effective 7/1/2022

	Current Rates			FY 2023 with 7.2% Increase (effective 7/1/2022)			\$ Change Employee/ Pensioner Contribution		\$ Change State Subsidy	
	Rate	Employee Contribution	State Subsidy	Rate	Employee Contribution	State Subsidy	Monthly	Annual	Monthly	Annual
First State Basic										
Employee	\$695.36	\$27.84	\$667.52	\$745.43	\$29.84	\$715.59	\$2.00	\$24.00	\$48.07	\$576.84
Employee + Spouse	\$1,438.68	\$57.52	\$1,381.16	\$1,542.26	\$61.66	\$1,480.60	\$4.14	\$49.68	\$99.44	\$1,193.28
Employee + Child	\$1,057.02	\$42.26	\$1,014.76	\$1,133.13	\$45.30	\$1,087.83	\$3.04	\$36.48	\$73.07	\$876.84
Family	\$1,798.42	\$71.92	\$1,726.50	\$1,927.91	\$77.10	\$1,850.81	\$5.18	\$62.16	\$124.31	\$1,491.72
CDH Gold										
Employee	\$719.68	\$35.98	\$683.70	\$771.50	\$38.57	\$732.93	\$2.59	\$31.08	\$49.23	\$590.76
Employee + Spouse	\$1,492.22	\$74.58	\$1,417.64	\$1,599.66	\$79.95	\$1,519.71	\$5.37	\$64.44	\$102.07	\$1,224.84
Employee + Child	\$1,099.56	\$54.96	\$1,044.60	\$1,178.73	\$58.92	\$1,119.81	\$3.96	\$47.52	\$75.21	\$902.52
Family	\$1,895.74	\$94.78	\$1,800.96	\$2,032.23	\$101.60	\$1,930.63	\$6.82	\$81.84	\$129.67	\$1,556.04
Aetna HMO										
Employee	\$725.94	\$47.16	\$678.78	\$778.21	\$50.56	\$727.65	\$3.40	\$40.80	\$48.87	\$586.44
Employee + Spouse	\$1,530.58	\$99.50	\$1,431.08	\$1,640.78	\$106.66	\$1,534.12	\$7.16	\$85.92	\$103.04	\$1,236.48
Employee + Child	\$1,110.52	\$72.18	\$1,038.34	\$1,190.48	\$77.38	\$1,113.10	\$5.20	\$62.40	\$74.76	\$897.12
Family	\$1,909.82	\$124.12	\$1,785.70	\$2,047.33	\$133.06	\$1,914.27	\$8.94	\$107.28	\$128.57	\$1,542.84
Comprehensive PPO										
Employee	\$793.86	\$105.18	\$688.68	\$851.02	\$112.75	\$738.27	\$7.57	\$90.84	\$49.59	\$595.08
Employee + Spouse	\$1,647.34	\$218.26	\$1,429.08	\$1,765.95	\$233.97	\$1,531.98	\$15.71	\$188.52	\$102.90	\$1,234.80
Employee + Child	\$1,223.46	\$162.08	\$1,061.38	\$1,311.55	\$173.75	\$1,137.80	\$11.67	\$140.04	\$76.42	\$917.04
Family	\$2,059.40	\$272.86	\$1,786.54	\$2,207.68	\$292.51	\$1,915.17	\$19.65	\$235.80	\$128.63	\$1,543.56

Next steps



CY2022 SEBC Goals and Priorities

Q1 (Jan – Mar)	Q2-Q4 (Apr – Dec)
<p>Finalize FY23 budget and program decisions:</p> <ul style="list-style-type: none"> ▪ Outstanding decisions from the Medical TPA RFP ▪ Decisions on other items recommended by Subcommittees and are pending SEBC vote ▪ FY23 rate action to balance FY23 budget ▪ Review and finalize any changes to Medicfill plan (effective 1/1/2023) 	<p>Better communicate to members and stakeholders the importance of aligning increases in health premiums with growth in health care spending.</p> <p>Revisit progress toward SEBC goals for State Employee Group Health Insurance Plan:</p> <ul style="list-style-type: none"> ▪ Increase allocation of medical spend to providers who are compensated for the quality, not quantity, of care delivered ▪ Reduce cost for plan participants with diabetes ▪ Limit health care cost inflation through targeted reduction in high cost, low value services and providers ▪ Offer and increase engagement in tools that help plan participants use their health care benefits effectively

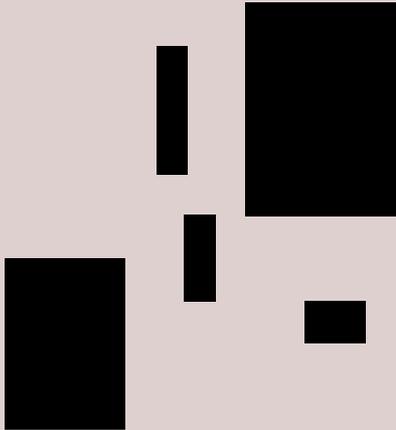
<p>Other ongoing engagements involving the Statewide Benefits Office (<i>administrative arm of the SEBC</i>)</p>	<ul style="list-style-type: none"> ▪ Compliance mandates associated with the Consolidated Appropriations Act, 2021 ▪ Additional request for proposal work and medical and dental recontracting ▪ Health Insurance Portability and Accountability Act of 1996 (HIPAA) assessment ▪ Disability Insurance Program operational assessment ▪ Participation in Delaware legislative and policy working groups such as the Primary Care Reform Collaborative, Delaware Health Care Commission, Worksite Wellness Policy Healthy Lifestyles Subcommittee
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Next steps

- The Health Policy & Planning and Financial Subcommittees of the SEBC will review and reach consensus on the outstanding decisions from the Medical TPA RFP
- Recommendations for the highest priority decisions for non-Medicare plans must be finalized and presented to the SEBC for a vote by February 28, 2022; these include:
 - Decision on which care management program model is implemented for each vendor
 - For the HMO plan, decision on whether to maintain or waive current requirement for participants to select a PCP and obtain referrals
 - Decision on adoption of any add-on/buy-up programs offered by each vendor, at minimum for any similar programs in place currently, such as diabetes care management
- During the same meeting, the SEBC must also vote on the other initiatives for FY23 that have been built into the long-term projections (noted on slide 4) and any rate actions necessary to balance the FY23 budget
- Any changes to the medical plan for Medicare pensioners that are intended for the upcoming plan year (beginning 1/1/2023) must be finalized and presented to the SEBC for a vote by March 14, 2022 (estimated financial impact can be included in recommended rate action in February)
- The Subcommittees may continue to review opportunities to implement other value-added programs highlighted in the Medical TPA RFP, such as the Everside Health primary care clinics for Aetna plan participants, following March 2022
- Following finalization of outstanding decisions for FY23, the SEBC should consider other longer-term goals articulated by SEBC leadership
 - Consider inviting Johns Hopkins to SEBC for further discussion on hospital rates/costs in Q2 CY2022

Appendix

Supplemental financial material



GHIP historical health care fund information

FY17-FY19

GHIP Costs (\$ millions)	FY17 Actual	FY18 Actual	FY19 Actual
Average Enrolled Members	123,132	125,488	126,360
GHIP Revenue			
Premium Contributions (Increasing with Enrollment) ²	\$799.0	\$810.9	\$817.4
<i>Hold premium rates flat FY21+</i>	-	-	-
Other Revenues ³	\$81.6	\$92.1	\$98.5
Total Operating Revenues	\$880.6	\$903.0	\$915.9
GHIP Expenses (Claims/Fees)			
Operating Expenses ⁴	\$816.8	\$853.9	\$904.0
% Change Per Member		2.6%	5.1%
Excise Tax Liability ⁵			
Adjusted Net Income (Revenue less Expense)	\$63.8	\$49.1	\$11.9
Balance Forward	\$38.9	\$102.7	\$151.8
Ending Balance	\$102.7	\$151.8	\$163.8
- Less Claims Liability ⁶	\$54.0	\$58.9	\$58.8
- Less Minimum Reserve ⁶	\$24.0	\$24.0	\$24.3
GHIP Surplus (After Reserves/Deposits)	\$24.7	\$68.9	\$80.7

GHIP long term health care cost projection footnotes

Note: FY17-FY21 actuals based on final June Fund Equity reports for respective fiscal year; FY22+ projected operating expenses and enrollment based on experience through October 2021 with adjustments due to COVID-19 financial impact; assumed 1% annual enrollment growth; numbers in table may not add up due to rounding

1. Includes approved design changes effective 7/1/2019 including implementation of SurgeryPlus COE (\$0.5m annual savings), site-of-care steerage (\$6.9m), Highmark infusion therapy program (\$2.0m) and implementation of Livongo (\$0.7m); FY21 reflects implementation of Highmark radiation therapy authorization program (\$633k annual savings per Highmark); FY22-FY26 projections based on 5% medical, 8% pharmacy baseline trend; assumes 1% annual growth in GHIP membership; FY22 projection reflects impact of COVID-19; assumes no other program changes in FY22 and beyond.
2. Includes State and employee/pensioner premium contributions; assumes 1% annual enrollment growth for FY22-FY26
3. Includes Rx rebates, EGWP payments, other revenues based on when revenues will be received; FY22 and beyond includes estimated improvements in Rx rebates based on result of PBM award to CVS Health; rebates assumed to be paid 60 days after the quarter adjudicated; includes fees for participating non-State groups (assumed to increase proportionally with membership and premium growth); FY22 includes projected \$8.4m CY2020 CMS financial reconciliation payment to be received Jan. 2022.
4. FY22 and beyond includes estimated reduction in pharmacy claims as a result of PBM award to CVS Health
5. FY20 Minimum Reserve levels updated with data through June 2019; FY20 Claim Liability updated with lag factors as of Dec 2019 and claims data through December 2019; FY21 reserves assumed to remain at FY20 levels; FY22 claim liability and future years assumed to increase with overall GHIP claims growth; FY22 minimum reserve assumed to remain at FY21 level.
6. One-time COVID-19 reserve as approved by SEBC on July 27th, 2020; released at the end of FY21

It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the GHIP that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.

FY23 opportunities for consideration

Presented to the Subcommittees in September and October

FY23 Opportunity	Description	Est. # Members Impacted*	Est. FY23 Net Savings / Cost Avoided	Impact to required FY23 premium increase of 14.0%
Add deductibles to the Comprehensive PPO and HMO plans	WTW modeled deductibles for single / family coverage ranging from \$50 / \$100 to \$500 / \$1,000	89,000 <i>(PPO & HMO only)</i>	\$1.5M – \$11.7M , depending on deductible level	0.2% – 1.4% reduction in required increase
Deductible/copay changes to the Medicfill plan	WTW modeled deductibles of \$50 and \$250 as well as copays for office visits, ER visits and hospital stays	28,600 <i>(Medicfill only)</i>	Each change ranges from \$0.8M to \$3.9M (max: \$10.3M)	0.1% – 0.5% (max: 1.2%) reduction in required increase
Rx copay changes	WTW modeled impact of increasing Rx copays for Commercial (non-Medicare) and EGWP populations	Commercial: 102,100 EGWP: 28,000	Commercial: \$3.9M EGWP: \$2.3M Total: \$6.2M	Commercial: 0.5% EGWP: 0.3% Total: 0.7% reduction in required increase
Telemedicine copay changes	WTW modeled reinstatement of member cost sharing for telehealth visits with community providers	102,100 <i>(Commercial plans only)</i>	\$4.0M , assuming future utilization mirrors pre-pandemic utilization	0.5% reduction in required increase
CVS Drug Savings Review	Program reviews Rx utilization to ensure that prescriptions follow evidence-based medical guidelines	102,100 <i>(Commercial plans only)</i>	\$1.0M – \$2.8M , assuming 7/1/22 effective date	0.1% – 0.3% reduction in required increase
CVS PrudentRx	Program leverages manufacturer assistance with specialty medications and requires significant engagement from members	102,100 <i>(Commercial plans only)</i>	\$6.9M , current Exclusive Specialty formulary \$7.7M , with enhanced Excl. Specialty formulary	0.8% reduction in required increase, current formulary 0.9% with enhanced formulary

*Based on enrollment as of August 2021.

FY23 opportunities for consideration (continued)

Presented to the Subcommittees in September and October

FY23 Opportunity	Description	Est. # Members Impacted*	Est. FY23 Net Savings / Cost Avoided	Impact to required FY23 premium increase of 14.0%
CVS Transform Diabetes Care	Engages members with diabetes on actionable steps to address gaps in care, evaluate medical needs and facilitate overall wellness	102,100 <i>(Commercial plans only)</i>	\$1.9M <i>(impact on Medicfill plans addressed separately)</i>	0.2% reduction in required increase
SurgeryPlus bariatric carve-out	Adoption of mandatory bariatric surgery only through SurgeryPlus providers	102,100 <i>(Commercial plans only)</i>	\$1.2M <i>(assumes 50% of previous 24 months utilization)</i>	0.1% reduction in required increase
SurgeryPlus incentive design changes	Adoption of changes to financial incentives provided to members who choose to use SurgeryPlus program for elective surgeries	102,100 <i>(Commercial plans only)</i>	\$0.1M <i>(based on FY21 utilization, excluding bariatric surgeries)</i>	Negligible (<0.1%) reduction in required increase

- Maximum annual savings opportunity if all above program changes adopted for FY23 is **\$24M-\$45M**
 - Reduces the projected FY23 deficit from \$119.1M to **\$74M - \$95M**
 - 9% - 11% premium increase will be needed on July 1, 2022 to solve for the remaining deficit, if all above program changes adopted

*Based on enrollment as of August 2021.